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😹 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #					7] FILED		
	OCUMENT # FS 5375					00 40 4 10 7 10 0 0		
I. Entity Nam	Ity Name PO JOLJ					00 MAY 12 PM 2: 04		
						ORODETS DV. OR OTATE		
WILLIAM C. SKUBA COMPANY, INC.						SEGRETARY OF STATE. TALLAHASSEE, FLORIDA		
Principal Place of Business Mailing Address						TARBOTANOURLY IN	CONTON	
2. Principal F	Place of Business	3. Mailing Address			┨			
1001 FANNIN STREET 1001 FANNIN			STF	REET	╛		00 10	
Suite, Apt. #, etc. Suite, Apt. #, etc. SUITE 4000 SUITE 400					231	CILIC ⁹⁹ WWWEILES		
SUITE 4000 SUITE 4000 City & State City & State					4.4	ENUMBER OF STREET	Applied For	
	N, TEXAS	, .	XA <u>S</u>		59	-2211909	Not Applicable	
Zip 77002	Country HARRIS	Zip 77002	Co. HAR	Intry DTC	5. C		3.75 Additional	
17002	6. Name and Address of Current		пак	V12		arne and Address of New Registered Ad	e Required	
				Name				
C T CO	RPORATION SYSTEM		ţ	Street Address	s (P.O.	Box Number is Not Acceptable)		
	OUTH PINE ISLAND							
PLANAT]					
	•			City		FL	Zip Code	
8. The above	e named entity submits this statement	for the purpose of changing	g its regi	stered office or r	egister	ed agent, or both, in the State of Florida.		
	Mary .					• -		
SIGNATURE	Me arm			E.A.	. W	ollace, Assit Secy 5	19/2000	
	Signature, typed or printed name of regist	ered agent and title if applicable	e. (I	NOTE: Registered	Agent si	ignature required when reinstating) DAT		
9 This corno	pration is eligible to satisfy its Intangible	e FILE NOW!	UFEEL	IS \$150.00	***	· · · · · · · · · · · · · · · · · · ·		
Tax filing re	equirement and elects to do so.	After MAY 1, 20	00 Fee	will be \$550.00	0 .	10. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees	
(See criter	ria on back)	Make Check Payab	le to De	epartment of S	State		Added to 7 ccs	
11.	OFFICERS AND DISEE STATEMENT A		12.		ADDIT	IONS/CHANGES TO OFFICERS AND D		
TITLE	SEE STATEMENT A	T NCUED Deepe	TITLE NAME			L	Change Addition g	
STREET ADDRESS			STRE	ET ADDRESS			Š	
CITY - ST - ZIP		<u> </u>		ST - ZIP				
TITLE NAME		Delete	TITLE			70000326	Change Addition	
STREET ADDRESS				ET ADORESS		-05/24/00		
CITY - ST - ZIP			CITY -	· ST - ZIP		***2133.79	<u>***2133.7</u> 5	
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CITY - ST - ZIP]			ST - ZIP				
TITLE		Delete	TITLE		,		Change Addition	
NAME STREET ADDRESS			NAME	ET ADDRESS				
CITY - ST - ZIP	:			ST - ZIP				
TITLE		Delete	TITLE				Change Addition	
NAME		—	NAME			_	_	
STREET ADDRESS CITY - ST - ZIP				ET ADDRESS ST - Zip				
TITLE		Delete	TITLE			ſ	Change Addition	
NAME		<u></u>	NAME			· ·		
STREET ADDRESS				ET ADORESS			KE	
CITY - ST - ZIP	artify that the information exention with	this filing does not qualify		ST - ZIP	in Sect	tion 119 07/3\/i) Florida Statutas I furtha		
13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this people or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an information indicated on this people or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an information indicated on this people of the same legal effect as if made under oath; that I am an information indicated on this people of the same legal effect as if made under oath; that I am an information indicated on this people of the same legal effect as if made under oath; that I am an information indicated on this people of the same legal effect as if made under oath; that I am an information indicated on this people of the same legal effect as if made under oath; that I am an information indicated on this people of the same legal effect as if made under oath; that I am an information indicated on this people of the same legal effect as if made under oath; that I am an information indicated on this people of the same legal effect as if made under oath; that I am an information indicated on this people of the same legal effect as if made under oath; that I am an information indicated on this people of the same legal effect as if made under oath; that I am an information indicated on this people of the same legal effect as if made under oath; that I am an information indicated on this people of the same legal effect as if made under oath; that I am an information indicated on this people of the same legal effect as if made under oath; the same legal effect as if made under oath; the same legal effect as if made under oath; the same legal effect as if made under oath; the same legal effect as if made under oath; the same legal effect as if made under oath; the same legal effect as if made und								
officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if grianged or on an attachment with an address, with all other like empowered.								
SIGNATURE: ROBERT G. SIMPSON (713) 512-6200								
SIGNAL		OR PRINTED NAME OF SIGN					time Phone #	

FLORIDA

Southern Area -- Slate of Officers

(SLATE NO. 10)

David R. Hopkins	President		
Glenn R. Holcomb	Vice President		
John P. Collins	Vice President		
J. David Green	Vice President and Assistant		
	Secretary		
Bryan J. Blankfield	Vice President and Secretary		
Bruce E. Snyder	Vice President, Chief Financial		
1	Officer and Controller		
Ronald H. Jones	Vice President and Treasurer		
Robert G. Simpson	Vice President and Assistant		
	Treasurer		
Ronald M. Kaplan	Assistant Secretary		
Linda J. Smith	Vice President and Assistant		
	Secretary		
Lee A. McCormick	Assistant Treasurer		